

**STATEMENT FOR THE RECORD OF
THE AMERICAN LEGION
TO THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
PENDING LEGISLATION

NOVEMBER 19, 2014**

Chairman Benishek, Ranking Member Brownley and distinguished Members of the Subcommittee, on behalf of Commander Helm and the 2.4 million members of The American Legion, I thank you and your colleagues for the work you do in support of our service members and veterans as well as their families. The hard work of this Subcommittee creates significant legislation that makes a positive impact on our military and veterans' community.

H.R. 4720: The Medal of Honor Priority Care Act

To amend title 38, United States Code, to increase the priority for enrollment of Medal of Honor recipients in the health care system of the Department of Veterans Affairs.

The Medal of Honor is the highest award for valor in action against an enemy force which can be bestowed upon an individual serving in the Armed Services of the United States.

From the Civil War forward, this decoration has been bestowed upon those service members who performed acts of such uncommon valor that the highest distinction was deemed merited.

Medal of Honor recipients are currently assigned into Department of Veterans Affairs (VA) priority group 3. If this bill is enacted into law, Medal of Honor recipients would be assigned to priority group 1, which is the highest priority group a veteran can be assigned.

In 2009, when legislation at the time (H.R. 1197) was being considered to assign priority status for hospital care and medical services for Medal of Honor recipients, Joseph Wilson, The American Legion's former Deputy Director for Health Care of the Veterans Affairs and Rehabilitation Commission, stated the utmost regard The American Legion has for the recipients of the Medal of Honor and noted that not only should they get a priority status (they were ultimately assigned Priority status 3) but that The American Legion would support legislation to place Medal of Honor recipients in Priority Group 1 for VA health care¹.

The American Legion supports this legislation.

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<http://archives.democrats.veterans.house.gov/hearings/Testimony.aspx?TID=59634&Newsid=423&Name=%20Joseph%20L.%20Wilson>

H.R. 4887: The Expanding Care for Veterans Act

To expand the research and education on and delivery of complementary and alternative medicine to veterans, and for other purposes.

Complementary and alternative medicine (CAM) includes a range of therapies not considered standard to Western (US) medicine. Many treatments considered to be CAM in the US are considered conventional approaches in other parts of the world. CAM is an umbrella term that describes a wide range of modalities: acupuncture/acupressure, deep breathing, healing touch, hypnosis, meditation, yoga, hyperbaric oxygen therapy and more.

This legislation would expand the research and education on and delivery of complementary and alternative medicine to veterans.

In October 2010, The American Legion formed a Post Traumatic Stress Disorder/Traumatic Brain Injury Ad Hoc Committee to “investigate the existing science and procedures, as well as alternative methods, for treating TBI and PTSD currently being employed by the Department of Defense or the Department of Veterans Affairs.”

In September 2013, The American Legion released a report entitled “The War Within,”² which included findings and recommendations based on comprehensive research by The American Legion’s PTSD/TBI Ad Hoc Committee. Key findings from the report include: VA and DOD have no well-defined approach to the treatment of TBI; providers are merely treating the symptoms, DOD and VA research studies are lacking for new non-pharmacological treatments such as virtual reality therapy, hyperbaric oxygen treatment, and other complementary and alternative medicine therapies. The report recommended that Congress increase DOD and VA budgets to improve the research, screening, diagnosis, and treatment of TBI and PTSD, as well as accelerate their research efforts to properly diagnose and develop evidence-based treatments for TBI and PTSD.

In February 2014, The American Legion conducted a TBI and PTSD veteran survey to evaluate the efficacy of their TBI and PTSD care and to see if veterans suffering from these signature wounds are being offered complementary and alternative treatments and if they are, whether they are benefiting from such treatments. Of the 3,116 veterans who completed the survey, fifty-nine percent reported either no improvements or feeling worse after undergoing treatments for their TBI and PTSD symptoms³. Thirty percent terminated their treatments prior to completing them⁴. The reasons were as follows: patients were unwilling or unable to comply with the treatments, patients were unmotivated to participate in their treatment, and patients expressed distress associated with recounting trauma which initially resulted in worsening symptoms which eventually led to premature termination.

In June 2014, The American Legion, along with Military.com, sponsored a TBI and PTSD symposium titled, “Advancing the care and treatments for veterans with TBI and PTSD.” The

² <http://www.legion.org/sites/legion.org/files/legion/publications/war-within.pdf>

³ <http://www.legion.org/veteranshealthcare/222891/legion-survey-ptsdtbi-care-not-working>

⁴ Ibid

symposium was held to determine how Congress, DOD, and VA are integrating CAM treatments and therapies into the existing health care models for veterans with TBI and PTSD.

The American Legion supports the passage of this legislation and urges Congress to provide oversight and funding for innovative Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD) research currently used in the private sector, such as Hyperbaric Oxygen Therapy and Virtual Reality Exposure Therapy and other non-pharmacological treatments.

The American Legion supports this legislation.

H.R. 4977: The COVER Act

To establish a commission to examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental illnesses of veterans and the potential benefits of incorporating complementary alternative treatments available in non-Department of Veterans Affairs medical facilities within the community.

Approximately one in five veterans that served in Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) are returning home with Post Traumatic Stress Disorder (PTSD), mental health illnesses, physical injuries and roughly 22 veterans are committing suicide per day.

In response, the COVER Act would establish a commission to explore the possibility of incorporating complementary and alternative medicine (CAM) treatment models into Department of Veterans' Affairs (VA) medical facilities nationwide. This piece of legislation would increase the viable options of alternative treatments that are offered to veterans for the purpose of treating their mental health conditions and physical disabilities.

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With veteran suicide rates at unacceptably high levels, American veterans need innovative approaches to address these signature wounds of the War on Terror, as well as for veterans of all eras who struggle with these disorders. H.R. 4977 would increase the viable options of CAM offered to veterans for the purpose of treating their mental health conditions and physical disabilities. The American Legion urges Congress to act to provide oversight and funding to DOD and VA for innovative TBI and PTSD research⁸

The American Legion supports this legislation.

H.R. 5059: The Clay Hunt SAV Act

To direct the Secretary of Defense and the Secretary of Veterans Affairs to provide for the conduct of annual evaluations of mental health care and suicide prevention programs of the Department of Defense and the Department of Veterans Affairs, to review the terms or characterization of the discharge or separation of certain individuals from the Armed Forces, to require a pilot program on loan repayment for psychiatrists who agree to serve in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes.

Members of the United States Armed Forces are often called upon to perform their duties in stressful and life-threatening situations which can result in the development of mental health issues, and suicide rates for US veterans are among the highest with an estimated 18-22 veterans committing suicide every day⁹.

⁶ <http://www.legion.org/veteranshealthcare/222891/legion-survey-ptsdtbi-care-not-working>

⁷ Ibid

⁸ Resolution No. 292: August 2014

⁹ <http://www.va.gov/opa/docs/suicide-data-report-2012-final.pdf>

This legislation would require the VA and DOD to arrange for an independent third party evaluation of VA and DOD mental health care and suicide prevention programs. It would also require VA and DOD to enter into certain strategic relationships to facilitate:

- Mental health referrals of members of the reserve components who have a service-connected disability and are being discharged or released from the Armed Forces,
- Timely behavioral health services for such members,
- Communication when such members are at risk for behavioral health reasons, and
- Transfer of documentation for line-of-duty and fitness-for-duty determinations.

In September 2013, The American Legion launched a new Suicide Prevention Web Center¹⁰ on its national website to provide veterans and their families with life-saving resources and programs during their time of transition and need. The American Legion online Suicide Prevention Web Center built on several suicide-prevention initiatives launched in recent years by DOD and VA includes specific suicide-prevention data, statistics, programs and resources organized for veterans, families and the community.

The American Legion urges Congress to pass the Suicide Prevention for American Veterans Act or similar acts that will expand and improve the care provided to veterans and service members who have mental health issues or are at risk for suicide¹¹.

The American Legion supports this legislation.

H.R. 5475:

To amend title 38, United States Code, to improve the care provided by the Secretary of Veterans Affairs to newborn children.

Currently, VA covers newborns care for the first seven days after birth in a non-department facility for eligible women veterans who are receiving VA maternity care¹².

Newborn care includes routine post-delivery care and all other medically necessary services that are in accord with generally accepted standards of medical practice. VA does not provide child delivery care in VA health care facilities, but rather refers women veterans outside the VA to obtain this care at a non-VA health care facilities at VA's expense. Under current law, if a woman veteran encounters problems during the delivery which poses a health problem for the newborn, and the newborn requires continued care beyond the first seven days after birth, the cost of such care is the responsibility of the veteran and not VA. If this bill is enacted into law, it would extend the time frame VA would be responsible for payment of a newborn care from seven days to fourteen days.

In 2011, The American Legion conducted a Women Veterans Survey with 3,012 women veterans in order to better understand their healthcare needs through VA. The survey found while

¹⁰ <http://www.legion.org/suicideprevention>

¹¹ Resolution No. 196: August 2014

¹² http://www.womenshealth.va.gov/WOMENSHEALTH/docs/FAQ_041912_FINAL.pdf

there were improvements in the delivery of VA healthcare to women veterans, challenges with service quality in the following areas remained: tangibles, reliability, responsiveness, competence, courtesy, communication, credibility, security, access and understanding.

In 2012-2013, the System Worth Saving Task Force report¹³ focused on women veterans' health care. The objectives of the report were to understand what perceptions and barriers prevent women veterans with enrolling in VA, determine what quality-of-care challenges women veterans face with their VA health care, and provide recommendations and steps VA can take to improve these access barriers and quality-of-care challenges. While maternity and newborn care is primarily purchased outside VA, the Task Force found that several medical centers had challenges with finding hospitals in the area that would accept fee-basis for maternity care services because VA is required to use the Medicare reimbursement rate. At other medical centers, fee-basis expenditures on women veterans' gender-specific services were not available. The American Legion recommended that the Business Officer Manager should be required to track women veterans' gender-specific fee-basis expenditures.

The American Legion is committed to working with VA in order to ensure that the needs of the current and future women veteran populations are met and the VA should provide full comprehensive health services for women veterans department wide¹⁴.

The American Legion supports this legislation.

H.R. 5484: Toxic Exposure Research Act of 2014

To establish in the Department of Veterans Affairs a national center for research on the diagnosis and treatment of health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces, to establish an advisory board on exposure to toxic substances, and for other purposes.

The effects of the often dangerous environments in which service members operate is a top concern, as thousands of veterans exposed to various toxins are often left behind when it comes to vital treatment and benefits. The American Legion remains committed to ensuring that all veterans who served in areas of exposure receive recognition and treatment for conditions linked to environmental exposures.

This legislation requires the Department of Veterans Affairs (VA) to establish a national center for research on the diagnosis and treatment of health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces, as well as an advisory board on exposure to toxic substances.

The American Legion has long been at the forefront of advocacy for veterans exposed to environmental hazards such as Agent Orange, Gulf War-related hazards, ionizing radiation and the various chemicals and agents used during Project Shipboard Hazard and Defense (SHAD).

¹³ <http://www.legion.org/sites/legion.org/files/legion/publications/2013-SWS-Report-WEB.pdf>

¹⁴ Resolution No. 45: August 2014

The American Legion continues to urge study of all environmental hazards and their effects on servicemembers and veterans.

The American Legion has also called on the Department of Defense to immediately cease burning dangerous chemicals in open burn pits, exposing servicemembers to deadly and debilitating toxins.

The American Legion believes in treating the veteran first, funding the necessary research, and ensuring that servicemembers are not exposed to chemical hazards again¹⁵. This legislation would help address the need to better understand the toxins that many of veterans have been exposed to, and enhance the understanding that the effect of exposure may have on veterans' descendants.

The American Legion supports this legislation.

¹⁵ Resolution No. 125: August 2014